SOUTH DAKOTA
BOARD OF PHARMACY

Graduate of College of Pharmacy
Outside of United States
Foreign Pharmacist Graduate

User Guide and
New Application Instructions

Foreign Pharmacist New Application
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General Information
- Payment method – **Mastercard or Visa ONLY**. If you do not have a Mastercard or Visa, purchase a Mastercard or Visa gift card to complete the payment for the application.
- Initial foreign pharmacist license fee is $35.
- For current South Dakota Statutes and Rules pertaining to pharmacists, go to https://doh.sd.gov/boards/pharmacy/, under Quick Links, see law book link options.

You must complete the entire application process from start to finish in one sitting
- Online system does not retain any information entered until the application has been submitted and payment process is completed.
- Have all of your information and copies of documents for upload ready before beginning the online renewal process.
- Information needed includes:
  - Immunization documents (see next page for immunization information), if applicable.
  - Explanation of felony/misdemeanor, if applicable. Needed will be date, city, county and state of charge(s). An uploaded document with an explanation(s) will also be required. Explanation information needed on separate document**:** a signed and dated explanation and copies of court records of the charges, convictions, charges found guilty of, or entered a plea of guilty or no contest to.

Registration Steps
- Applicant completes the "Application for Licensure as a Pharmacist in South Dakota" on the South Dakota Board of Pharmacy's e-licensing platform. This step must be completed before the Board of Pharmacy can approve an applicant to take the NAPLEX and MPJE.
- Applicant registers on the NABP website (https://NABP.pharmacy) for permission to take the NAPLEX exam and the Multistate Pharmacy Jurisprudence Exam (MPJE) South Dakota Edition. Once the SD Board of Pharmacy grants eligibility, the applicant then purchases the exams through NABP. Once purchased, the ATT codes to take the tests will be emailed to you from Pearson Vue. Passing grade for each exam is a total scaled score of not less than 75.

Support Materials
- Visit the NABP website for NAPLEX instructions and administration policies (NAPLEX Registration Bulletin)
- Visit the SD BOP website for MPJE study materials (PDF of South Dakota Law Book)

Required information and documents needed for upload
- Intern experiences for foreign pharmacist include 1,500 required hours prior to completion of application.
- Record all intern practical experience hours in one entry for each pharmacy, provide overall date range From ____ To ____ and total of all hours for each intern practical experience at each pharmacy.
- A passport quality color photo of head or head/shoulder.
- Copy of a United States or state government issued photo ID (ex: driver's license).
- Any regulatory questions that are answered yes, you will need an explanation and upload any documents relating to that question. For each 'yes' response, prepare a document that can be uploaded with detailed explanation of the event and include dates along with applicable supporting documents, such as legal documents, must be uploaded to the application.
- Background check information will be mailed to you after application is received in the Board's e-licensing portal.

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Authorization to Administer Immunization Information
Note: Due Governor Noem's Executive Order, during the pandemic, expired CPR training will be accepted by the Board. Barring a continuation of the state of emergency, an updated CPR card should be submitted to the Board office as soon as possible.

For <u>NEW</u> Immunization Certificate: required documents needed for upload
- Certificate of Completion of Approved Training Program for Administration of Immunizations which includes:
  - Basic immunology and the human immune response;
  - Mechanics of immunity, adverse effects, dose and administration of an immunization;
  - Administration of intramuscular injections; and
  - Record keeping and reporting requirements as set forth by § 20:51:28:05
- Copy of Certificate of Completion of Current Cardio-Pulmonary Resuscitations Training along with the date acquired and expiration.

After Application Submission Information
After your application has been submitted, the Board will:
- Review the application
- Background check information will be mailed to you
- Email registrant if additional information is needed
- Approve or deny the application
- Once the license is approved, a no-reply, automated email will be sent.

Once a new license has been issued,
- Instructions to set up a profile account are at the end of the manual, beginning on page 9.
- *Retain User ID/password* to have ability to access the licensing platform at any time and to renew the license in the future.

After the license is approved/issued and the profile account is set up, you will be able to do the following:
- Print pharmacy license (instructions on page 11).
- Print a payment receipt (instructions on page 11).
- In your account on the My Profile page, you can also update your personal information at any time. Please use this platform to update our personal address, phone number, and email <u>as changes occur</u>.

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General Notes

1. Mandatory fields are marked with a red * in all screens and all those have to be entered before clicking on next
2. If mandatory fields are not entered, you will get an alert message that alerts to enter those fields like below:
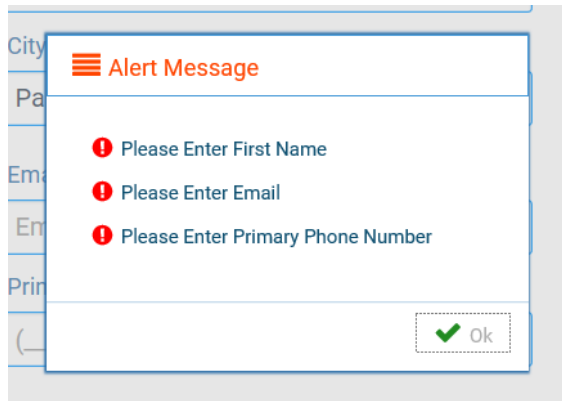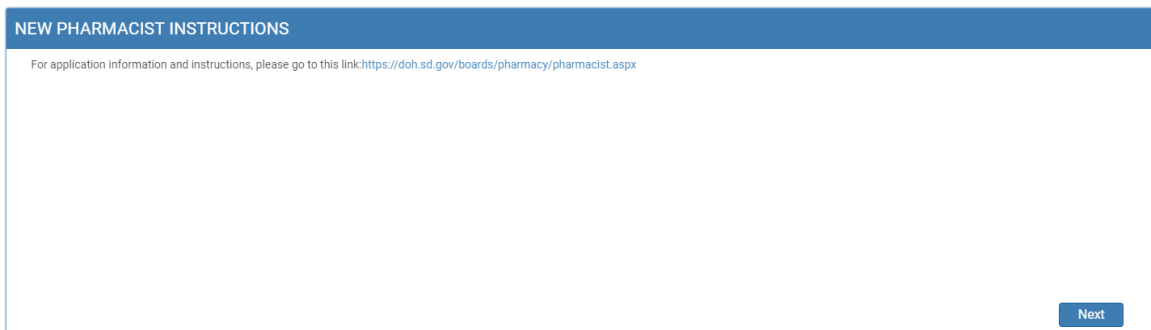

# Start Application Process Here

1. **NEW PHARMACIST INSTRUCTIONS Page**
   Click on: https://sdbop.igovsolution.net/initial/initial/initial.aspx?id=74
   a. The below page will open with a link to the instructions. Click Next to continue.

2. **TYPE OF APPLICATION Page**
   a. Select 'Pharmacist – Foreign' and then answer the question yes or no to completion of 1,500 internship hours in a licensed pharmacy or other board-approved location and reported to the SD Board of Pharmacy.
      a. If answered yes, click Next.
      b. If no is answered, an alert message will appear, and completion of application should not to be done.
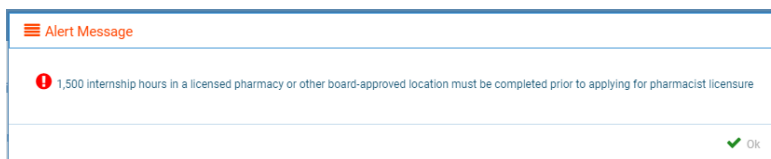
   b. Answer yes or no if you are applying for an immunization certificate.

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c. Click Next.

TYPE OF APPLICATION

* Select one of the following:
☐ New Pharmacist by NAPLEX Examination ☐ New Pharmacist by Score Transfer ☐ Pharmacist - Reciprocating ☑ Pharmacist – Foreign

1,500 internship hours in a licensed pharmacy or other board-approved location has been completed and reported to the SD Board of Pharmacy. ☑ Yes ☐ No

Are you also applying for an Immunization Certificate ☐ Yes ☑ No

[Previous]   [Next]

Please note that after you click the Submit button, you cannot make changes to your application.

3. **PHARMACIST INFORMATION Page**
    a. Fill in all information that has a red asterisk (*****): First name, Last name, Address1, Zip Code (if in South Dakota this should auto-fill the City, State, and County), Email, Date of Birth, Social Security Number, Primary Phone Number, Gender, and NABP e-profile #. When completed, click Next.

PHARMACIST INFORMATION

* First Name	Middle Name	* Last Name
First Name	Middle Name	Last Name

Maiden Name
[Maiden Name]

Mailing Address

* Address1	Address2	Address3
Address1	Address2	Address3

* Zip	* City	* State
Zip	City	Select State

* County	* Email	* Date of Birth
Select County	Email	MM/DD/YYYY

* Social Security Number	* Primary Phone Number	Alternate Phone Number
Social Security Number	(___) ___-____	(___) ___-____

* Gender
☐ Male ☐ Female

* NABP e-profile #
[NABP e-profile #]

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4. **PRACTICAL EXPERIENCE COMPLETED Page**
    a. Fill in Intern Registration Number with state registered in.
    b. Answer Yes to 'Are these intern practical experience hours?'
    c. Enter one pharmacy with an overall date range FROM _____ TO _____ with a <u>total</u> of hours for each intern practical experience at each pharmacy.

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PRACTICAL EXPERIENCE COMPLETED

- Record all intern practical experience hrs in one entry for each pharmacy, provide overall date range FROM _____ TO_____ with a total of all hours for each intern practical experience at each pharmacy.

* Intern Registration Number

`Intern Registration Number`

* State Registered In

`Select State`

Are these intern practical experience hours? ☐ Yes ☐ No

* Pharmacy Name

`Pharmacy Name`

* Pharmacy City

`Pharmacy City`

List Exact Dates(From/To)

* Date From

`MM/DD/YYYY`

* Date To

`MM/DD/YYYY`

* Total Hours Worked

`Total Hours Worked`

`Click Here to Add More`

`Previous`   `Next`

d. To add additional intern practical experience hours, click on 'Click Here to Add More'. The same questions in items 4a, 4b, and 4c will be asked. If used, click Save to continue.

e. Click Next when complete.

5. AUTHORIZATION TO ADMINISTER IMMUNIZATIONS Page

   a. Answer 'Will you be administering immunizations?' by clicking yes or no.

   b. If no is selected, click Next to go to next page.

   c. If yes is selected, upload a copy of the Certificate of Completion of Approved Training Program for Administration of Immunizations.

   d. If yes is selected, upload a copy of certificate of completion of current cardio-pulmonary resuscitations training that includes the date acquired and the expiration.

   e. Once documents have been attached, click Next.

AUTHORIZATION TO ADMINISTER IMMUNIZATIONS

Will you be administering immunizations?   ☑ Yes ☐ No

Provide a copy of the Certificate of Completion of Approved Training Program for Administration of Immunizations   `Attach Document`

Provide a copy of certificate of completion of current cardio-pulmonary resuscitations training that includes the date acquired and the expiration   `Attach Document`

`Previous`   `Next`

6. RECORD OF DISCIPLINE, CHARGES AND CONVICTIONS page

   a. Answer each of the nine questions. If any of the first eight questions are answered yes, an explanation box will need to be filled out along with uploading documentation relating to that question. Event dates with an explanation of the offense will need to be uploaded along with any court documents relating to the offense.

   b. If the last question is answered no, an explanation will need to be filled in along with supporting document(s).

   c. Once section is completed, click Next.

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RECORD OF DISCIPLINE, CHARGES AND CONVICTIONS

To be completed by New by NAPLEX exam, New by Score Transfer, Foreign Pharmacist

Complete all questions. For each 'yes' response or 'no' response to last question, prepare a document that can be uploaded with detailed explanation of the event and include dates. Applicable supporting documents must be uploaded to the application.

Have you ever been convicted, pled guilty or no contest, or received a suspended imposition of sentence for a felony or other criminal offense (excluding minor traffic violations)? ☐ Yes ☐ No

Is there any pending criminal prosecution against you which would constitute a felony? ☐ Yes ☐ No

Has your license to practice pharmacy in any jurisdiction been denied, revoked, suspended, stipulated, placed on probation, or otherwise subjected to any type of disciplinary action? ☐ Yes ☐ No

Are you currently being investigated or the subject of pending disciplinary action? ☐ Yes ☐ No

Have you ever received treatment for abuse or misuse of alcohol and/or chemical substance to the extent that your ability to practice pharmacy was impaired? ☐ Yes ☐ No

Have you ever experienced a physical, emotional, and/or mental condition that endangered the health or safety of persons entrusted in your care? ☐ Yes ☐ No

Do you have child support arrearages in the sum of one thousand dollars or more? ☐ Yes ☐ No

Do you follow the Rules of Professional Conduct as outlined in ARSD 20:51:16? ☐ Yes ☐ No

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7. ATTACHMENTS Page

    a. Upload a passport quality color photo of head or head/shoulder.

    b. Upload a copy of a United States or state government issued photo ID (ex: driver's license).

    c. When uploads are complete, click Next.

Attachments

A passport quality color photo of head or head/shoulder (2 ¼" x 3 ¼" in size).   [🖇 Attach Document]

Copy of a United States or state government issued photo ID (ex: driver's license).   [🖇 Attach Document]

[Previous] [Next]

8. APPLICATION INPUT PREVIEW Page

    a. Review your information that has been input. If there are any changes needed, click on previous to correct any information. If there are no changes, click Next.

APPLICATION INPUT PREVIEW

NEW PHARMACIST INSTRUCTIONS

For application information and instructions, please go to this link: https://doh.sd.gov/boards/pharmacy/pharmacist.aspx

TYPE OF APPLICATION

*Select one of the following:

☐ New Pharmacist by NAPLEX Examination   ☐ New Pharmacist by Score Transfer   ☐ Pharmacist - Reciprocating   ☑ Pharmacist – Foreign

1,500 internship hours in a licensed pharmacy or other board-approved location has been completed and reported to the SD Board of Pharmacy. ☑ Yes ☐ No

Are you also applying for an Immunization Certificate   ☑ Yes   ☐ No

PHARMACIST INFORMATION

* First Name	Middle Name	* Last Name
	Middle Name	

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9. AFFIRM AND SUBMIT Page

a. You must click the affirmation box under 'To be completed by New by NAPLEX exam, New by Score Transfer, Foreign Pharmacist'.

b. Fill in your name as your e-signature, select debit or credit, Card Type (ONLY VISA OR MASTERCARD is accepted), Person's Name on Card, Credit Card Number, Credit Card Expiration, and Security Code (3-digit number on back of card).

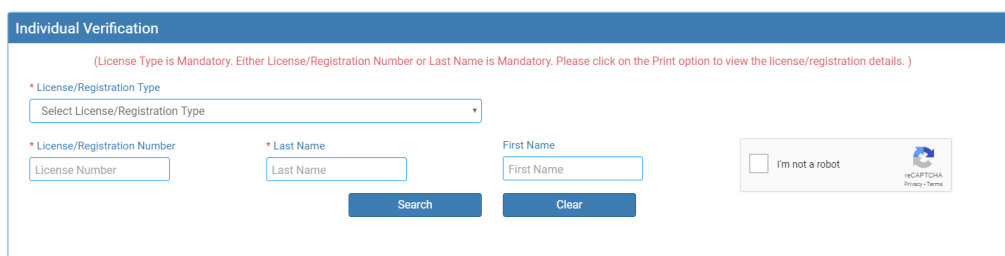c. Once confident that the application is complete, click on Submit.

10. PRINT APPLICATION Page

a. Print out application for your records by clicking on the print button in the upper right corner.

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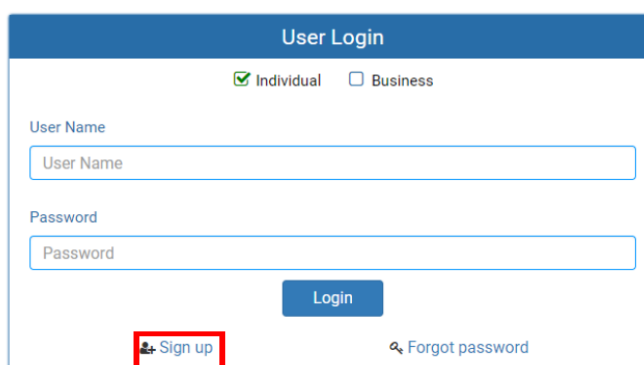To set up an account and be able to print your license, follow these instructions:

1. Verify your license number at this link:
   https://sdbop.igovsolution.net/online/Lookups/Lookup_Individual.aspx.
   a. Select your type of license/registration type.
   b. Input your last name, first name, click box by 'I'm not a robot'.
   c. Click search.
   d. If the license has been issued, results will appear at the bottom of the page.
   e. Retain license number to set up Profile.

2. After confirming your license/registration number, begin setting up your account by clicking on this link: https://sdbop.igovsolution.net/online/User_login.aspx
3. Click on Sign up as shown below:

4. Registration
   a. Click on Individual at the top (see snip on top of next page).
   b. Select license type of pharmacist.
   c. Put in your license number.
      i. As a pharmacist, input license number, however, if you are a reciprocated pharmacist enter R-0000, R with a dash plus the four digits of your license.
   d. Put in your date of birth.
   e. Click Next.

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5. Complete credentials information.
    a. ***Retain this information for future reference and use – this information will be used to renew your license***.
    b. Click Submit.

6. Registration is successful when this alert message appears. Click OK, you will be returned to the log in page.

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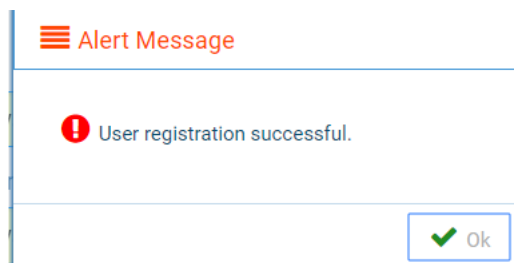
7. Return to the log in page.
   a. Once account is set up, you will return to the log in page or use this link:
      https://sdbop.igovsolution.net/online/User_login.aspx
   b. Click Individual at the top.
   c. Use the User Name and Password to login in at the User Log In page.

ONLINE BUSINESS PROFILE LOGIN

User Login
☑ Individual ☐ Business
User Name
User Name
Password
Password
Login
⚇ Sign up   ⚿ Forgot password

8. To print your license, on the My Profile Page go to the Registration Information section and click on the blue 'Print' under certificate:

Registration Information

Type	License #	Issue Date	Exp Date	Status	Last Renewal Date	Renewal	Certificate
Filters	Filters	Filters	Filters	Filters	Filters		
Pharmacists				Current/Active	. .	Renew	Print

9. To print a payment receipt, Go to the Payment History section in My Profile, click on the printer in the receipt column for the needed receipt:

Payment History

Receipt #	Payment Method	Date Received	Payer	Amount	Receipt
Filters	Filters	Filters	Filters	Filters	
				$125.00	🖨
Page size : 20 ▾ Records : 1 - 1 of 1			Pages : 1 of 1	≪ ‹ 1 ▾ › ›	🗎🗎

10. To update your personal information, go to the Personal Phone, Email and Fax section. Click on the edit button in that section, make the corrections, then click save.

Personal Phone, Email and Fax

			Edit
* Phone #	Alternate Phone	* Email	
	(__) ___-____		
Fax			
(__) ___-____			

Note: this is the site you will use to renew your license. Here is a link to the pharmacist renewal information:
https://doh.sd.gov/boards/pharmacy/pharmacist.aspx

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I'm having trouble getting through the licensing process.

a) Try a different browser. Example: If you've tried Internet Explorer, switch to Google Chrome.
b) This platform does not support the use of a mobile phone.
c) If a tablet is being used, it must be Microsoft based. (Not an Apple product.)
d) Be sure your pop-up blocker is turned off.
e) Firewalls or anti-malware protections on your system may be preventing the ability to get through the licensing process.

Tips

1. PDF documents are the preferred type of documents for required uploads.
2. Only upload documents during the licensing process. DO NOT UPLOAD on the MyProfile page for a new or renewal application.
3. This platform does not support the use of a mobile phone.
4. **At the top of your license, if it includes 'This is a Primary Source Verification' – NOTE: THIS IS NOT YOUR LICENSE.** Refer to item #8 on page 11 to see how to print your license.

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